

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014296
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 724

FILED APR 30 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR POPLAR BLUFF		Length of stay in lb 3 DAYS	c. CITY OR TOWN HORNERSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIE Middle EDWARD Last BENNETT		4. DATE OF DEATH Month MARCH Day 31 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-92 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY FOOD	11. BIRTHPLACE (City and state or country) VINCENT, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ABNER BENNETT		13b. MOTHER'S MAIDEN NAME LUCINDA LORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE <i>W.H.C.</i>		5 DAYS UNKNOWN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year VA MARCH 28, 1962		20f. CITY, TOWN, OR LOCATION COUNTY STATE MARCH 31, 1962	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	
21. I attended the deceased from 4:57 to 4:57 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>J.A. Alegre</i> (Degree or title) J.A. ALEGRE, M.D., Act. Chief, Medical Service VA HOSPITAL, POPLAR BLUFF, MO.	
22b. ADDRESS		22c. DATE SIGNED 4-18-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Horners Cemetery	23d. LOCATION (City, town, or county) (State) Hornersville, Mo.
24. FUNERAL DIRECTOR ADDRESS EMERSON & SONS Hornersville, Mo.		25. DATE RECD. BY LOCAL REG. 4/27/1962 26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>	

MEMPHIS, TENN.

DATE

EMBALMER'S NAME

NO.

EMBALMER'S ADDRESS

STATE

CITY

DATE

TIME

PLACE

BY

NAME

ADDRESS

CITY

STATE

DATE

TIME

PLACE

BY

NAME

DATE

TIME

PLACE

NAME OF DECEASED

ADDRESS

CITY

STATE

DATE

TIME

NAME

ADDRESS

STATEMENT BY LICENSED EMBALMER

EMBALMER'S SIGNATURE

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5418

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

OFFICIAL RECORD